

UNITED STATES DISTRICT COURT

for the

Middle District of North Carolina

Disability Rights North Carolina,)	
Plaintiff,)	
v.)	Case No.: 1:11-cv-812
Moses H. Cone Memorial Hospital Operating)	
Corp., Defendant)	

BILL OF COSTS

Judgment having been entered in the above entitled action on 09/11/2013 against Defendant,
Date
the Clerk is requested to tax the following as costs:

Fees of the Clerk	\$	400.00
Fees for service of summons and subpoena		0.00
Fees for printed or electronically recorded transcripts necessarily obtained for use in the case		0.00
Fees and disbursements for printing		0.00
Fees for witnesses (<i>itemize on page two</i>)		0.00
Fees for exemplification and the costs of making copies of any materials where the copies are necessarily obtained for use in the case.		0.00
Docket fees under 28 U.S.C. 1923		20.00
Costs as shown on Mandate of Court of Appeals		0.00
Compensation of court-appointed experts		0.00
Compensation of interpreters and costs of special interpretation services under 28 U.S.C. 1828		0.00
Other costs (<i>please itemize</i>)		0.00
TOTAL	\$	420.00

SPECIAL NOTE: Attach to your bill an itemization and documentation for requested costs in all categories.

Declaration

I declare under penalty of perjury that the foregoing costs are correct and were necessarily incurred in this action and that the services for which fees have been charged were actually and necessarily performed. A copy of this bill has been served on all parties in the following manner:



Electronic service



First class mail, postage prepaid



Other: _____

s/ Attorney: /s/ Kristine L. SullivanName of Attorney: Kristine L. Sullivan

For: Disability Rights North Carolina
Name of Claiming Party

Date: 10/17/2013

Taxation of Costs

Costs are taxed in the amount of _____ and included in the judgment.

By: _____

*Clerk of Court**Deputy Clerk**Date*